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<b>FILING FEE PAID</b>		
Yes	No	<input checked="" type="checkbox"/>
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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

RAY SAPP

'08 CV 0465 L WMC

v.  
S.D. COUNTY Sheriffs  
S.D. COUNTY Jail

Civil No. REQUEST FOR APPOINTMENT OF  
COUNSEL UNDER THE CIVIL RIGHTS  
ACT OF 1964, 42 U.S.C. 2000e 5(f)(1);  
DECLARATION IN SUPPORT OF  
REQUEST

1. I, the plaintiff in the above-entitled employment discrimination action, request that the court appoint an attorney to represent me in this matter. In support of this request, I state as follows:

- A. my claim is meritorious (that is, I have a good case), and proceed in forma PAUPERIS.
- B. I have made a reasonably diligent effort to obtain counsel, and
- C. I am unable to find an attorney willing to represent me on terms that I can afford.

2. A copy of the Notice-of-Right-to-Sue-Letter I received from the Equal Opportunity Commission is attached to the complaint which accompanies this request for counsel.

3. A. Does the Notice-of-Right-to-Sue-Letter show that the Commission found "no reasonable cause" to believe the allegations made in your charge were true?

Yes ☒ No

1 IF YOUR ANSWER IS "YES," YOU MUST ATTACH A COPY OF THE  
2 COMMISSION'S INVESTIGATIVE FILE TO THIS REQUEST AND ANSWER QUESTIONS B  
3 AND C.

4 B. Do you question the correctness of the Commission's "no reasonable cause"  
5 determination?

6 ☐ Yes ☒ No

7 C. If you answered "yes" to question 3B, what are your reasons for questioning the  
8 Commission's determination? Be specific and support your objections with fact. Do not simply  
9 repeat the allegations made in your complaint; the court will review your complaint in considering this  
10 request for counsel.

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23  
24  
25  
26  
27  
28 (Attach additional sheets as needed)

1 4. Have you talked with any attorney about handling your claim?

2      Yes   X   No

3 If "YES," give the following information about each attorney with whom you talked:

4 Attorney: \_\_\_\_\_

5 When: \_\_\_\_\_

6 Where: \_\_\_\_\_

7 How (by telephone, in person, etc.): \_\_\_\_\_

8 Why attorney was not employed to handle your claim: \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

11  
12 Attorney: \_\_\_\_\_

13 When: \_\_\_\_\_

14 Where: \_\_\_\_\_

15 How (by telephone, in person, etc.): \_\_\_\_\_

16 Why attorney was not employed to handle your claim: \_\_\_\_\_

17 \_\_\_\_\_

18 \_\_\_\_\_

19  
20 Attorney: \_\_\_\_\_

21 When: \_\_\_\_\_

22 Where: \_\_\_\_\_

23 How (by telephone, in person, etc.): \_\_\_\_\_

24 Why attorney was not employed to handle your claim: \_\_\_\_\_

25 \_\_\_\_\_

26 \_\_\_\_\_

27 \_\_\_\_\_

28 (Attach additional sheets as needed)

1 5. Explain any other efforts you have made to contact an attorney to handle your claim:

2 SEVERAL REQUEST THREW MY CRIMINAL ATTY ALLAN WILLIAMS  
3 (619) 593-3790  
4  
5

6 6. Give any other information which supports your application for the court to appoint an  
7 attorney for you: MY MEDICAL FILES A UCSD, THORNTON HOSPITAL PAIN CLINIC  
8 DR. MARK KUPER ORTHOPEDIC'S ALSO UCSD NEUROSURGEON  
9  
10  
11

12 7. Give the name and address of each attorney who has represented you in the last 10 years  
13 for any purpose: ALLAN WILLIAMS (619) 593-3790 2650 JAMACHA ROAD  
14 #147-106 ELCAJON CALIFORNIA 92019  
15  
16  
17  
18

19 (Attach additional sheets as needed)

20 8. I cannot afford to obtain a private attorney. The details of my financial situation are listed  
21 below:

22 A. Employment

23 Are you employed now? ☐ yes ☒ no ☐ am self-employed

24 Name and address of employer:  
25  
26  
27  
28

1 If employed, how much do you earn per month? \_\_\_\_\_

2 If not employed, give month and year of last employment: DEC - 2006

3 How much did you earn per month in your last employment? 1,022<sup>00</sup> / MONTH

4 If married, is your spouse employed? \_\_\_\_ yes ☒ no

5 If "YES," how much does your spouse earn per month? \_\_\_\_\_

6 If you are a minor under age 21, what is your parents' or guardians' approximate monthly  
7 income? \_\_\_\_\_

8  
9 B. Assets

10 (i) Other Income

11 Have you received within the past 12 months any income from a business, profession or other  
12 form of self-employment, or in the form of rent payments, interest, dividends, retirement of annuity  
13 payments or other sources? \_\_\_\_ yes ☒ no

14 If "YES," give the amount received and identify the sources:

15 \$ Received

Source

16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____
21	_____	_____
22	_____	_____

23  
24  
25  
26  
27  
28 (Attach additional sheets as necessary)

(ii) Cash

Have you any cash on hand or money in savings or checking accounts? ☐ yes ☒ no

If "YES," state total amount: \_\_\_\_\_

(iii) Property

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ yes ☒ no

If "YES," give value and describe it:

Value

Description

C. Obligations and Debts(i) Dependents

Your marital state is: ☐ single ☒ married ☐ widowed, separated or divorced.

Your total number of dependents is : \_\_\_\_\_

List those person you actually support, your relationship to them, and your monthly contribution to their support:

Name/Relationship

Monthly Support Payment

(ii) Debts and Monthly BillsList all creditors, including banks, loan companies and charge accounts, etc.

<u>Creditor</u>	<u>Total Debt</u>	<u>Monthly Payment</u>
Rent: _____		
Mortgage		
on Home: _____		

Others: BANK AMERICA OWE ?  
 DISCOVERY OWE ?  
 SEARS OWE ?

9. Signature

I declare under penalty of perjury that the above is true and correct.

Dated: 3-09-08Ray Sapp

Signature

(Notarization is not required)

(I suffer illiteracy)  
 50 YEARS old